Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| Facility's Name: Rodriguez Care Home | CHAPTER 100.1 |
|---|---------------------------------------|
| Address: 1647 Paaaina Place, Pearl City, Hawaii 96782 | Inspection Date: March 8, 2019 Annual |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------|------------------|---------------------|--------------------|
| \boxtimes | NO DEFICIENCIES | NOT APPLICABLE (NA) | NA |
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